



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures					
Operating Costs	5,000				
External Revenues	(5,000)				
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact	* 0				
# ADDITIONAL FTE POSITIONS (Cumulative)	0	0	0	0	0

Is Item Included in Current Budget? Yes \_\_\_ No X

Budget Account Exp No: Fund Department Unit Object  
 Rev No: Fund Department Unit Object

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Fund: General Fund  
 Unit: Logistics

\* The \$5,000 is an estimated cost that would be incurred by the Department of Public Safety if logistical support and resources are provided for incident control during special events throughout Palm Beach County. Costs incurred by the Public Safety Department will be 100% reimbursed by the requesting agency.

Departmental Fiscal Review: Stephane Lejachs

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Dev. and Control Comments:**

[Signature] 2/9/11  
 OFMB  
 2/9/11

[Signature] 2/9/11  
 Contract Administration

**B. Legal Sufficiency:**

[Signature] 2/04/11  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

**RESOLUTION NO. R-2011**

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA; AUTHORIZING THE DEPARTMENT OF PUBLIC SAFETY TO CHARGE A FEE; AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE A STANDARD FORM AGREEMENT ON BEHALF OF THE BOARD OF COUNTY COMMISSIONERS; PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE**

**WHEREAS**, Palm Beach County, Florida (the "County") authorizes the Department of Public Safety (the "Department"), to charge a fee to provide logistical support and resources for incident management during special events throughout Palm Beach County; and

**WHEREAS**, the Department administers resources on behalf of the County and incurs costs associated with establishing a multiagency/multijurisdictional Unified Command Post to provide oversight for security and the health and safety of participants and/or spectators of any given event; and

**WHEREAS**, forms of logistical support and incident management require varying degrees of resources unique to each event; and

**WHEREAS**, the Department will bill for actual personnel costs plus an administrative fee of 10% for services rendered. In addition to personnel costs as previously described, the Department will bill for additional costs which will include the actual cost of resources—consumable/non-consumable and travel when applicable; and

**WHEREAS**, the Department utilizes certain standard form documents in conducting its business; and

**WHEREAS**, the Board desires to authorize the County Administrator or his designee the authority to execute the standard form agreement; and

**WHEREAS**, the execution of the standard form agreement does not constitute a policy-making decision and is a ministerial function which the Board wishes to delegate.

**NOW, THEREFORE, BE IT RESOLVED, BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:**

1. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made part hereof.
2. The Board hereby: (i) adopts a standard form agreement in the form attached hereto and incorporated herein as Attachment "A", and (ii) authorizes the County Administrator or his designee to execute the standard agreement on behalf of the Board.
3. It is the intention of the Board that this delegation of signature authority is limited to the parameters set forth herein. In the event there is any material deviation from the approved standard terms and conditions of the standard agreement, then the approval of the Board shall be required. The County Administrator's designee for purposes of the Resolution shall include the Director of the Public Safety Department.

**Attachment #**           /

4. If any section, paragraph, sentence clause or work of this Resolution is for any reason held by the Court to be unconstitutional, inoperative, or void, such holding shall not affect the remainder of this Resolution.

5. This resolution shall be effective immediately upon adoption by the Board.

The foregoing Resolution was offered by Commissioner \_\_\_\_\_, who moved its adoption.

The motion was seconded by Commissioner \_\_\_\_\_, and being put to a vote, the vote was as follows:

Karen T. Marcus, Chair

Shelley Vana, Vice Chair

Paulette Burdick

Steven L. Abrams

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor

The Chair thereupon declared the Resolution duly passed and adopted this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS

Sharon R. Bock, Clerk & Comptroller  
Palm Beach County

By: \_\_\_\_\_  
County Attorney

By: \_\_\_\_\_  
Deputy Clerk



**PALM BEACH COUNTY  
DEPARTMENT OF PUBLIC SAFETY  
AGREEMENT FOR  
SPECIAL EMERGENCY MANAGEMENT SERVICES**



This agreement is being made this \_\_\_\_\_ day of \_\_\_\_\_, 2011 between Palm Beach County, by and through its Department of Public Safety, Division of Emergency Management (PBCDEM) and \_\_\_\_\_, (REQUESTING AGENCY). This agreement shall comply with the provisions of the PBCDEM Special Events Standard Operation Guideline (SOG) request for special emergency management services for activities or functions within the County. The services provided pursuant to this agreement are in addition to those emergency management services provided generally to the public by law. The Requesting Agency agrees to pay PBCDEM for its actual personnel costs, plus an administrative fee of 10% for services rendered. In addition to personnel costs as previously described, the Requesting Agency shall pay for the actual costs of resources consumable/ non-consumable and travel (where applicable). Both parties further understand and agree that the Requesting Agency shall be responsible for any additional charges due to personnel or equipment being required for any length of time over and beyond that set forth below, or should any other additional charges be incurred not contemplated herein. In the event of a cancellation of this Agreement by the Requesting Agency, a 3-hr minimum for each employee scheduled to cover the event will apply if an event is cancelled less than 12-hours prior to the contracted start time of the event. A 10% administrative fee will also be charged if meetings regarding the event have been held by PBCDEM staff prior to the event. The Director of Public Safety has the authority to determine which special events will be covered in the event that staff and resources are unavailable at the time of request. Palm Beach County may cancel this agreement at any time. PBCDEM will refund all unused money.

REQUESTING AGENCY:

AGREEMENT NUMBER:

MAILING ADDRESS (BILLING):

CITY, STATE ZIP:

CONTACT PERSON:

TITLE:

BUSINESS PHONE:

FAX:

OTHER:

EVENT DETAIL:

NAME OF EVENT:

DATE(S):

TIME(S):

EVENT LOCATION:



**PALM BEACH COUNTY  
DEPARTMENT OF PUBLIC SAFETY  
AGREEMENT FOR  
SPECIAL EMERGENCY MANAGEMENT SERVICES**



**ESTIMATED CHARGES:**

The following is a detail of the estimated charges for coverage of this event. All events require a three-hour minimum.

**RESOURCES:**

**PERSONNEL**

**NUMBER OF EMPLOYEES:** \_\_\_\_\_

Estimated Employee Hours: \_\_\_\_\_

Estimated Employee Cost: \_\_\_\_\_

Travel Cost (if applicable): \_\_\_\_\_

Supplies and Equipment Cost (if applicable): \_\_\_\_\_

10% Administrative Fee: \_\_\_\_\_

**NON-PERSONNEL:**

Type of Resource: \_\_\_\_\_

Cost: \_\_\_\_\_

Total Due for Event: \$

\*Total due is an estimate based on the number of employee hours listed above.

**APPROVAL SIGNATURES:**

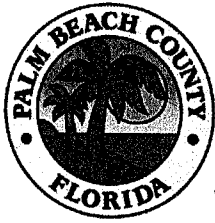
\_\_\_\_\_  
Authorized Agency Representative      Date      Director of Public Safety Department      Date

Please print name:

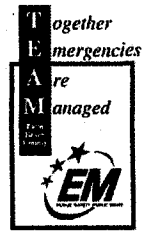
Please print name:

Please contact \_\_\_\_\_, Special Events Coordinator (561) 712-6400 for staffing/operational or billing issues

Please make check or money order payable to: Palm Beach County-Board of County Commissioners.  
Please remit all payments to: Palm Beach County Division of Emergency Management, 20 South Military Trail, West Palm Beach, FL 33415



**PALM BEACH COUNTY**  
**DEPARTMENT OF PUBLIC SAFETY**  
**AGREEMENT FOR**  
**SPECIAL EMERGENCY MANAGEMENT SERVICES**  
**SPECIAL EVENTS SUPPORT REQUEST**  
**DIVISION OF EMERGENCY MANAGEMENT**



Date of Request			
Name of Event			
Beginning Date & Time			
Ending Date & Time			
Type of Event			
Event Background			
Event Contact Name			
Event Contact Phone Number			
Location/Directions			
Travel Required	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes, what is required:</i> <input type="checkbox"/> Hotel <input type="checkbox"/> Vehicle/Mileage <input type="checkbox"/> Perdiem <input type="checkbox"/> Other (specify):	
Type of Support Requested			
Personnel Requirements			
Overtime Required	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes, how many hours:</i>	
DEM Personnel Assigned and Position			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:	Manager Signature	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:	Director Signature	